		PART B	- FEE(S) TRA	ANSMITTAL		
Complete and senoths form, together with applicable fe			or Fax	(703) 746-4000	or Patents ginia 22313-1450	should be completed where nt correspondence address as
maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 08/12/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
Richard L Stevens Samuels Gauthier & Stevens Suite 3300 225 Franklin Street				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.  (Depositor's name)		
Boston, MA 02110				Seema M. Shah (Signature)		
11/15/2004 MMEKONE1 00000050 09762863				300-3.0		
01 FC:2501 685.00 OP				November 10, 2004 (Date)		
APPLICATION NO.	FILING DATE	I	FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO	. CONFIRMATION NO.
09/762,863 05/02/2001 William B. F			William B. Eu	ler	4463	1093
TITLE OF INVENTION: T	HIN FILM STRAIN SENSO	ORS BASED ON IN		IC OPTICAL MEASUR	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	11/12/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	٦	
LEE, HWA S		2877		356-035500		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  XI Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	RESIDENCE DATA TO E		-			
PLEASE NOTE: Unless	s an assignee is identified b	elow, no assignee of this form is NOT	data will appear of	n the patent. If an assignment	gnee is identified below, th	e document has been filed for

(A) NAME OF ASSIGNEE

X Issue Fee

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Board of Governors for Higher Education

Providence, Rhode Island

government

State of Rhode Island and Providence Plantations

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual a corporation or other private group entity

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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